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THE MICROCOUNSELING SKILL DISCRIMINATION SCALE: A VALIDATION STUDY

by

© Laverne E. Larsen

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The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research for acceptance, a thesis entitled, The Microcounseling Skill Discrimination Scale: A Validation Study submitted by Laverne E. Larsen in partial fulfillment of the requirements for the degree of Master of Education.

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ABSTRACT

The Microcounseling Skill Discrimination Scale (MSDS) was developed to measure the ability to discriminate some effective and ineffective counselor responses in both verbal and nonverbal dimensions. Forty-four interaction segments were constructed in typescript and two videotaped forms (one containing effective, the other ineffective nonverbal behaviors) using reflection of feeling and paraphrasing as the counselor response modes. These 44 segments in both typescript and videotaped forms were rated by two trained groups consisting of 8 counselor educators and 35 graduate students in Counseling as well as untrained groups of 38 undergraduates and 43 high school students. Focus of the present validation study centered on two basic questions: (1) Does the MSDS measure the effects of long term training on therapeutic discriminating ability and, (2) Do nonverbal behaviors constitute a constant therapeutic communication input regardless of the counselor response mode? It was found that untrained as well as trained groups were able to discriminate effective from ineffective counselor responses, though trained raters showed a greater range of discrimination. Nonverbal cues were found to influence reflection of feeling communications significantly more than they do paraphrasing messages. When the MSDS was correlated with Carkhuff's Discrimination Rating Scale and Saltmarsh's Affective Recognition Scale, correlations were found to be substantial. No significant relationship was found between ability to discriminate therapeutic responses on the MSDS and three exploratory correlates -- sex, reinforcement history, and academic achievement.

The MSDS may be used to measure a rater's sensitivity to nonverbal behaviors and also to determine the relative contribution of verbal and nonverbal cues in interpreting a therapeutic message.

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CHAPTER I

INTRODUCTION

3

INTRODUCTION

During the past decade the emphases in counselor education have undergone considerable change. From training programs which ten years ago taught general characteristics of effective counseling, progress has been made to where it is now possible to enumerate and teach specific skills (Allen, 1967; Dustin, 1971; Ivey, 1971; Ivey, 1974; Ivey, Normington, Miller, Morrill and Haase, 1968; Moreland, Ivey, and Phillips, 1973; Saltmarsh, 1973). Among developments contributing substantially to this change have been the introduction into general use of videotape for training purposes, and concurrently, the exploration of the parameters of nonverbal communication as these relate to the therapeutic message (Birdwhistell, 1970; Haase and Tepper, 1972; Mehrabian and Ferris, 1967; Shapiro, 1968).

Applying these new techniques to counseling, Ivey has championed research in microcounseling which he defines as "a scaled down interviewing situation in which a beginning counselor and volunteer client talk about real problems. Microcounseling focuses on single specific counselor behaviors rather than teaching the individual all the skills of counseling at one time (Ivey, 1974)."

Although developed originally for professional counselor training (Ivey et al. 1968), the microcounseling paradigm has proven helpful in many other settings such as paraprofessional training, training parents as drug counselors, speech pathology and executive training (Ivey, 1974).

Because of the demonstrated importance of microcounseling as a counselor training technique, the present study attempted to validate a Microcounseling Skill Discrimination Scale (MSDS) which would contribute to the study of counselor-client interaction in both verbal and nonverbal dimensions and, additionally, would have utility as a counselor-trainee evaluation scale. More specifically, this investigator felt that a scale was needed which would measure change in the counselor trainee's sensitivity to both verbal and nonverbal therapeutic behaviors in pre- and post-training evaluations (Carkhuff, 1969a). Campbell, Kagan and Krathwohl (1971) had developed the Affective Sensitivity Scale for a similar purpose; however, it failed to examine verbal and nonverbal components of the counseling message separately as well as in interaction. Second, counselor-trainee learning experiences could be designed in a manner that would augment perceptual deficits or, alternately, would strengthen preferred modes of perceiving if the trainee's personal predilection for rating therapeutic messages could be ascertained. The MSDS was designed to provide counselor educators with a tool for measuring the relative reliance on verbal and nonverbal components in their trainees as they rate therapeutic messages. Ancillary to the establishment of counselor-trainee baselines of functioning, the video vignettes consisting of a number of interview segments were, themselves, designed to provide a series of matched models of effective and ineffective verbal and nonverbal interviewing skills for the counselor trainee.

Whereas microcounseling per se is concerned with effective therapeutic communication as an outcome, the present study focussed on its

antecedent, therapeutic discrimination. Carkhuff, Kratochvil, and Friel (1968) commented on the importance of discrimination within the therapeutic role when they noted that many training programs have, by design or otherwise, instituted discrimination training as a necessary first stage in teaching counselor-trainees to communicate therapeutically.

In developing the MSDS, two microcounseling skills that are common to the dyadic counseling situation -- reflection of feeling and paraphrasing -- were selected as counselor response modes. Reflection of feeling was chosen because it was considered to be significantly emotive and, hence, especially suited for measuring sensitivity to the nonverbal components of counselor interaction. Paraphrasing was chosen because it was considered to be essentially cognitive and likely to discriminate verbal components in therapeutic messages.

Campbell et al. (1971) in their validation studies of the Affective Sensitivity Scale found that a certain degree of affective sensitivity is necessary for effective counseling. Failing an acceptable, minimal level of functioning, training programs must be undertaken to develop this empathic sensitivity. However, these investigators note that, as yet, no instrument has sufficient stature to function as a screening test. The Affective Sensitivity Scale does not discriminate between verbal and nonverbal components in a therapeutic message. Yet, Shapiro (1968) reported that there is little overlap between these two variables in a communication.

In order to explore the differential effects of verbal and nonverbal

cues separately, the MSDS was presented in typescript form as well as under conditions of both effective and ineffective nonverbal behaviors using a video presentation. In contrast to the Affective Sensitivity Scale, it is required that discrimination be made in both the verbal and nonverbal dimensions when rating on the MSDS. The preferred mode of perception is also tested by presenting incongruous communications. For example, an effective nonverbal behavior may be accompanied by an ineffective verbalization. As such the MSDS is offered as going further than the Affective Sensitivity Scale. Subsequent studies may confirm its usefulness as a screening device, if not for the selection of counselor-trainees, then at least for informed course placement of counselor-trainees in counselor education programs.

A variety of therapeutic nonverbal behaviors have been identified and discussed (Haase and Tepper, 1972; Harman, 1971; Ivey, Normington, Miller, Morrill, and Haase, 1968; Seals and Prichard, 1973; Shapiro, 1968; Strong, Taylor, Bratton, and Loper, 1971). Four specific nonverbal behaviors (trunk lean, interaction distance, facial expression, eye contact) were operationalized as the controlled nonverbal variables of the present study.

A possible limitation of the study is the fact that variance in voice quality under conditions of effective and ineffective nonverbal behaviors as well as for high and low verbal response levels was not measured. Mehrabian and Ferris (1967) found, however, that, while the effects of the vocal component are significant in a communication, they account for less variance than nonverbal behaviors. In addition, no

interaction between nonverbal behaviors and vocal behaviors was found. Another finding (Welkowitz and Kuc, 1973) indicated that independent ratings of core facilitative conditions do not correlate significantly with vocal parameters. Hence, while the vocal component in a therapeutic interaction is significant, it may be inferred that for observers of a therapeutic interaction it is not a determiner of meaning.

Counselor educators tend to emphasize verbal communication. Haase and Tepper (1972) expressed concern that counselor-trainees are being short-changed because of the lack of emphasis on the nonverbal component. If, as Ivey (1974) pointed out, microtechniques can free counselor-trainees to develop counseling styles congruent with their own life spaces, then another microtechnique, the MSDS, may also be used to measure the growing sensitivity of trainees to both verbal and nonverbal modes of therapeutic functioning.

The validation study was carried out with samples varying in level of therapeutic training and maturity from naive youth to counselor educators. Subjects in the study were asked to rate, as third person observers, counselor effectiveness.

Concurrent validity was examined by determining correlation coefficients between the MSDS and two similar measures of therapeutic sensitivity, the Discrimination Rating Scale (Carkhuff, 1969), and the Affective Recognition Scale (Saltmarsh, 1973). Because the present study explorers some initial validty measures for a new instrument, the generation of hypotheses concerning the MSDS was considered premature.

An alternative, the formulation of two questions designed to guide the process of the study as well as to establish some measures of construct validity, was adopted as more clearly descriptive of the initial inquiry nature of the study.

Carkhuff (1969b) stated that therapeutic discrimination ability is related to level of training. One major question asked in the present study is whether or not the MSDS is capable of measuring the effects of long-term training on ability to discriminate therapeutic messages in the verbal as well as nonverbal dimensions. The second question of the study, in so far as construct validation is concerned, stems from the proposition that nonverbal cues are a significantly larger determiner of meaning in the communication of empathy, as perceived by third person observers, than in the communication of cognitive understanding. In the present study, empathy was operationalized as reflection of feeling (Danish and Kagan, 1971); whereas, cognitive understanding was operationalized as paraphrasing. Specifically, the research question posed was whether or not the MSDS measures the differential role of nonverbal behaviors under the two counselor response modes, reflection of feeling and paraphrasing. In addition, some possible correlates of therapeutic discrimination ability are explored.

Reliability of the MSDS was measured using the Kuder-Richardson formula 20 method as well as by test-retest using one sample group.

CHAPTER II

REVIEW OF RELATED LITERATURE

REVIEW OF RELATED LITERATURE

Counselor educators need some initial measure of trainee facilitative functioning in order that appropriate practicum experiences may be designed. Moos and MacIntosh (1970) expressed concern at the present inadequacy of measuring gain as a result of training. Ivey et al. (1968) reiterated the trouble which beginning counselors experience in defining their own role as they approach a dyadic interview. Moreland et al. (1973) found that trainees exposed to modelling behavior increase their own facilitative behaviors and reduce error behaviors. Ivey (1974) stated that presentation of video segments generates alternative trainee behaviors, obviating narrow stereotypic functioning. These expressions of the present state of counselor education exemplify the need for an instrument which will serve the purposes described for the MSDS.

SENSITIVITY TO THERAPEUTIC MESSAGES: TRAINED AND UNTRAINED GROUPS

Whereas Barrett-Lennard (1962) found that expert therapists communicate empathy more accurately than nonexperts, Carkhuff (1969b) found that counselor educators discriminate at high levels but that this ability bears no relationship to functioning in the helping role because they do not also communicate at high levels. In fact, Carkhuff, Kratochvil, and Friel (1968) reported that graduate students in counseling actually decrease in their ability to offer core facilitative conditions from first to second year. Carkhuff and Barrett-Lennard reported

differing outcomes on the ability of experts to communicate empathy; however, both investigators agreed that experts can identify effective counseling when they see it. Shapiro (1968), on the other hand, would not go even that far. He concluded that a wide variety of judgements can be expected from experts. Experts, he said, can reliably be chosen in support of whatever hypothesis an investigator may wish to substantiate when investigating sensitivity to verbal and nonverbal cues.

If there is lack of unanimity regarding the discrimination characteristics of experts, there is even more doubt that the untrained can discriminate therapeutic behaviors. Several investigators (Hansen, Moore, and Carkhuff, 1968; Horenstein, Houston, and Holmes, 1972; Kiesler, 1970; Kurtz and Grummon, 1972) for example, found that clients and untrained raters perceive counselors in essentially the same way that independent judges do. Other studies (Caracena and Vicory, 1969; McWhirter, 1973; Normington, 1969) are less complimentary to the untrained. For example, when Normington (1969) asked experts and high school students to rate the effectiveness of four counselors presented on videotape, she found that high school students hedge their judgements and do not exhibit the wide range of ratings that experts do, especially at the low end of the scales.

Perhaps one of the factors related to the conflicting findings is the manner in which the stimulus interviews are presented to the raters -- that is, presence or absence of nonverbal components in the mode of presentation. For this reason, the present study attempted to examine

the degree of agreement between naive and trained groups under both verbal and nonverbal modes of presentation.

VERBAL-NONVERBAL INTERACTION IN THERAPEUTIC COMMUNICATION

Harrison (1965) suggested that the nonverbal component in a message is generally subordinate to the verbal component. Preliminary findings using the Profile of Nonverbal Sensitivity (Rosenthal, Archer, Koivumaki, DiMatteo, and Rogers, 1974), however, indicate more than an ancillary role for the nonverbal component in a communication. Among other findings, Rosenthal et al. have noted the speed (3/8 second or less) with which nonverbal cues can be assessed accurately by nonverbally sensitive people. That these people report interpersonal relationships being less satisfactory than those who are less accurate suggests that the nonverbal component is the determiner of meaning for nonverbally sensitive people. Shapiro (1968) conceptualizes a synthesis by stating that "although all persons are responsive to nonlinguistic cues, some are more so". He further contends that responsivity is not necessarily a conscious act and that training and self-observation may be necessary in learning to verbalize the nature of nonverbal cues.

Mehrabian and Ferris (1967) and Haase and Tepper (1972) have shown that nonverbal expressive channels account for more variance in a communication than does the verbal channel. Mehrabian and Ferris (1967) also found that subjects confronted with inconsistent verbal/nonverbal

messages subordinate the verbal component to the nonverbal. This notwithstanding, Haase and Tepper (1972) found that maximal potency of a therapeutic message is determined by the verbal communication. Specifically, little can be done to elevate a low level verbal message by effective nonverbal behaviors. On the other hand, medium and high level verbal messages can be enhanced by appropriate nonverbal behaviors.

The relationship of effective and ineffective verbal and nonverbal components in the therapeutic message is increasingly well documented (Gurman, 1973; Haase and Tepper, 1972; Mehrabian and Ferris, 1967; Seals and Prichard, 1973; Shapiro, 1966; Shapiro, 1968). However, it was necessary that the present study establish the validity of the MSDS for the same variables. Accordingly, an attempt was made to determine the validity of the stimulus segments presented in the MSDS.

RESPONSE SKILLS USED:
REFLECTION OF FEELING AND PARAPHRASING

From the lists of counseling skills which have been delineated and operationalized for microcounseling purposes (Ivey, 1974; Ivey et al., 1968), two selective listening skills -- reflection of feeling and paraphrasing -- were utilized for the present study. Danish and Kagan (1971), among others, have equated the discrete skill of reflecting feeling with the construct of empathic understanding (affective sensitivity) which Truax and Carkhuff (1967) identified as a core condition for therapeutic change. Gladstein (1970), in a review of the literature, found empirical

evidence to support the claim in terms of psychotherapeutic outcomes. In contrast, the importance of affective sensitivity to counseling outcomes was not affirmed. Gladstein suggested that the differences which he found may lie in the contrasts between the two modes of helping. Examining the studies, he concluded that counseling relates essentially to developmental concerns, whereas psychotherapy focuses on the remediating of emotional maladaptations. While developing a scale to measure affective sensitivity, Campbell et al. (1971) found that the relationship of empathy to effective counseling is positive but not strong. Whether or not these investigators were applying a generic definition of counseling to their findings is not clear, though their report suggests both psychotherapeutic and developmental elements. Whatever the case, if the Carkhuff and Berenson (1967) paradigm is applied, one notes that affective sensitivity is relative to the interaction. Alternately stated, what is empathic communication at one level of functioning is probably not empathic at another level. A second implication, important for the present study, is derived from Campbell et al. (1971): affective sensitivity is a measurable psychological trait. Its presence in individuals varies and can be incremented as a result of training.

Paraphrasing, that is, listening to the objective content of what a client says and restating the information in a manner which organizes and clarifies it can also be taught in a brief period using microtechniques (Ivey, 1974) as can other discrete counselor skills. Gladstein (1970) suggested that paraphrasing is a more prominent counselor response skill in developmental, and educational/vocational counseling than is reflection

of feeling. The client, in this instance, is not really concerned with relationship building as much as with assistance in incrementing his information base and ordering his priorities.

A question asked in the present study is: Do nonverbal components interact with response categories of the helper? Specifically, do nonverbal components differentially contribute to the response categories, reflection of feeling and paraphrasing? The interaction between response categories and nonverbal cues was empirically tested in the present study.

RELATED MEASURES OF THERAPEUTIC DISCRIMINATION

A scale such as the MSDS which measures therapeutic discrimination in both verbal and nonverbal dimensions using affective as well as cognitive response modes should correlate positively with other scales purporting to measure therapeutic discrimination. Two measures of therapeutic discrimination in current use were employed: Carkhuff's (1969a) Discrimination Rating Scale and Saltmarsh's (1973) Affective Recognition Scale. The Carkhuff scale consists of 16 client statements each followed by four therapist responses. Each of the total of 64 therapist replies is rated for therapist helpfulness on a 9-point scale. Discrimination scores are obtained by summing the absolute values of each rater's deviations from Carkhuff's experts. Forty-five suitable multiple choice items were selected from Saltmarsh's scale. Rater scores were calculated by summing correct responses. A purpose of the present study, then, was to establish concurrent validity of the MSDS by determining therapeutic discrimination correlations as measured by the MSDS,

Carkhuff's and Saltmarsh's scales.

SEX DIFFERENCES

Allport (1937) observed that interpersonal sensitivity relates to the sex-related interaction between both parties to the interaction. He asserted that men understand the personalities of other men better than they do those of women and that a similar situation applies to females. Olesker and Balter (1972) confirmed this assertion when they found that individuals showed more empathy when judging people of the same sex. When Shapiro (1968) compared males and females on responsivity to facial and linguistic cues, he found no significant difference. Normington (1969), however, found that females were more sensitive than males when she asked high school students to evaluate four high school counselors. She found a greater similarity between females and experts than between males and experts. Similar findings were reported by Rosenthal et al. (1974) using the Profile of Nonverbal Sensitivity. Conflicting findings may be accounted for by the manner in which the sex variable fits into the research design. For instance, some studies (Normington, 1969; Rosenthal et al., 1974) have considered the sex factor for raters of a therapeutic dimension, while the sex of the persons being judged has not been controlled in a systematic fashion. Thus, if males and females are asked to make empathic judgements concerning one or the other sex exclusively, or if one or the other sex is in the majority of those persons about whom the judgements are being made, then conclusions regarding empathic ability may be a function of the sexual similarity

between raters and persons being judged rather than an accurate comparison of the sexes in their ability.

Since, in the present study, the stimulus segments presented a male counselor only, it would be interesting to investigate sex-related rater differences, if any, for both videotape and typescript presentations. Accordingly, the investigator attempted to determine if there is any significant sex difference in therapeutic discrimination on the various parts of the MSDS.

REINFORCEMENT HISTORY

The notion of reinforcement standard (Baron, 1966) suggests that the individual's history of reinforcements construct an internal standard against which social acts are appraised. As applied to the perception of therapeutic communication, the concept of reinforcement standard seems to suggest that an individual's characteristic life-long reinforcement history should be emphasized when investigating client's or rater's actual perception of therapeutic conditions. Investigators (Crandall, 1963; Katkovsky, Crandall, and Good, 1967; Lee and Nevison, 1973) attempted to measure individual histories of reinforcement by obtaining subject's perceived level of positive or negative reinforcement from parents and significant others in a specific situation. One of the classical instruments used is Crandall's (1963) questionnaire in which she asks subjects to check a typical parental reinforcing or non-reinforcing reaction when confronted with a specific stimulus situation.

Given the importance of the family in the development of a standard by which to evaluate social interaction (Laing, Phillipson, and Lee, 1966), and assuming also that rater perception of therapeutic interactions is strongly influenced by history of reinforcement, the present study aimed to examine the relationship between history of reinforcement as measured by Crandall's (1963) Perception of Parent Questionnaire and therapeutic discrimination as measured by the MSDS.

ACHIEVEMENT

Are achievement or intelligence related to accurate perception of therapeutic messages? As a result of reviewing the paucity of research into the question, Patterson (1967) concluded that, beyond a necessary minimal level, academic ability and achievement are probably not related to characteristics of interpersonal sensitivity required for counseling type vocations. In particular, Patterson cited one study (Ohlsen, unpublished) which reported nonsignificant correlations between the Ohio State Psychological Examination and pooled staff and peer ratings of interpersonal sensitivity. Miller Analogies Test results correlated negatively (-18 to -48) with the same criterion measure. Blocker (1963) reported nonsignificant results when grades were correlated with staff member ratings of predicted level of performance as a school counselor. However, when personality measures of intellectual functioning and achievement, as distinct from actual performance measures of intellect and achievement, were used by Rosenthal et al. (1974) as the criterion variable for the Profile of Nonverbal Sensitivity, it was found that

high scorers on the PONS also scored high on the achievement and intellectual areas of the California Personality Inventory. In the present study, the concern was to explore the relationship between achievement and therapeutic discrimination. Specifically, the investigator attempted to determine the relationship between semester weighted averages and therapeutic discrimination as measured by the MSDS.

CHAPTER III

PROCEDURE AND DATA COLLECTION

PROCEDURE AND DATA COLLECTION

STIMULUS MATERIAL

From an original total of 90 client-statement stems reported in the counseling literature, 22 had been selected by three experts as representing a wide range of client problems, varying in emotional depth and content. Two alternative helping responses to each statement had then been developed. One was designed to operationalize reflection of feeling and the other to operationalize paraphrasing. Of the 22 reflection of feeling and 22 paraphrasing interactions, 11 of each were designed as effectively exemplifying the response category, while the remaining 11, by contrast, were designed to be ineffective. Responses were generated in accordance with the following guidelines: For high level of reflection of feeling the counselor (a) uses a clear, concise, and appropriate verbal statement; (b) selects related affective words of the client and reflects the client's present underlying feelings by labelling them or trying to label them, while ignoring the objective verbal content of the client statement; (c) uses self-disclosing, affect-loaded relational statements; (d) addresses his statement to the client by calling the client's name or using a personal pronoun. For effective paraphrasing the counselor (a) in clear and concise terms feeds back the essence of the client's message by focusing on the objective verbal content, rather than the underlying feeling or emotion, of the client; (b) pointedly addresses his statement to the client; however, focus is on the cognitive verbal content rather than on the feelings or emotions of the client.

In constructing the MSDS in typewritten form, the 22 interactions in each of the response categories, reflection of feeling and paraphrasing, were kept separate with specific instructions accompanying each part. Interactions exemplifying effective and ineffective therapeutic responses were, however, randomized within each response category (see Appendix A).

The 44 interactions developed for the typewritten form of the MSDS were then videotaped twice to make up two sets of 44 segments each. Details of the videotape construction follow: (1) The 44 interaction segments, which contained 22 reflection of feeling (11 high, 11 low) and 22 paraphrasing (11 effective, 11 ineffective) responses, were role-played verbatim by a male doctoral candidate in Counseling and two (male, female) clients. The picture showed a front view of the "counselor" photographed over the right shoulder of the "client" to provide a spatial frame of reference. (2) Each segment was videotaped twice for the possible use of the segments in assessing a person's sensitivity to verbal and nonverbal components in the rating of therapeutic communications. Only conselor nonverbal behaviors specified below were controlled in the study. In Set I, the counselor exhibited therapeutically effective nonverbal behaviors (Haase and Tepper, 1972) (i.e. eye contact, forward body-trunk-lean, warm facial expression, 36 inch interaction distance); whereas in Set 2, the counselor exhibited ineffective nonverbal behaviors (i.e. no eye-contact, backward body-trunk-lean, neutral facial expression, 72 inch interaction distance). Any reliable difference in rating between the two sets for a rater would presumably reflect his sensitivity to nonverbal components,

while a zero difference score would indicate insensitivity to changes in nonverbal cues.

DATA COLLECTION

The 44 segments in typescript form were sent to 15 counselor educators from four universities (Alberta, British Columbia, Massachusetts, McGill) for rating. Following this, the typescript was rated by 35 graduate students (22 males, 13 females) in Counseling at The University of Alberta, 38 undergraduate students (15 males, 23 females) in Education at the University of Notre Dame, Nelson, British Columbia, and 43 grade 11 students (21 males, 22 females) drawn from a relatively large rural regional high school at Beaverlodge, Alberta. All of the 15 counselor educators had doctoral degrees in Counseling Psychology, and their experience ranged from one to twenty-five years with a median of eight years.

The segments within reflection of feeling and paraphrasing were randomized in order. Each rater independently read each typewritten segment and rated the quality of reflection of feeling and paraphrasing responses separately on a 7-point rating scale ranging from 1 (most negative) to 7 (most positive). Thus the total score for high or low level of reflectionof feeling or paraphrasing could range from 11 (most negative) to 77 (most positive).

Two sets of videotaped segments, comprised of 44 segments each,

were shown to the same three student groups and a different counselor educator group which compared favorably with the 15 faculty who had rated the typescript. The video segments were rated by 8 counselor educators, 22 graduates, 20 undergraduates and all 43 of the grade 11 students.

In order to control order effect, the actual presentations of the typescript and video segments were counterbalanced: approximately one-half of each group rated the typescript first, while the remaining half rated the video segments first. Furthermore, within the reflection of feeling and paraphrasing sections, the video segments from Set 1 (effective nonverbal) and Set 2 (ineffective nonverbal) were pooled and the order of presentation between the two sections was also counterbalanced. The time interval between the presentation of the typescript and the video segments ranged from two to three weeks.

In order to assess the validity of the MSDS against other measures of therapeutic message discrimination, Carkhuff's (1969) Discrimination Rating Scale and Saltmarsh's (1973) Affective Recognition Scale were administered in typescript form to the same sample group except the counselor educator group. The order of administration of the MSDS, Discrimination Rating Scale, and Affective Recognition Scale was randomized. In addition, the Perception of Parent Questionnaire (Crandall, 1963) was completed by the 43 grade 11 students to examine possible correlation between therapeutic discrimination and history of reinforcement. Administration followed completion of the other rating measures. Also, weighted semester averages for the period September, 1974 through

January, 1975 were also obtained for this group in order to examine possible achievement correlates.

CHAPTER IV

RESULTS

RESULTS

The major purpose of the present study was to establish some construct measures of validity for the MSDS. Before proceeding to an enumeration of the major findings, however, it would be advisable to report reliability data.

RELIABILITY

Two measures of reliability were employed for the MSDS. Kuder-Richardson formula 20 yielded the following results: Typescript (N = 131) = .87, Set 1 (N = 93) = .90, and Set 2 (N = 93) = .93. Test-retest reliability on the typescript form with a three week interval for the 35 undergraduate students was .93.

GROUP DIFFERENCES IN PERCEPTION OF THERAPEUTIC MESSAGES

If the ability to discriminate between effective (high) and ineffective (low) therapeutic responses is to a great extent trainable, various groups with varying degrees of formal training in helping relationships should show varying levels of competence in their ratings of therapeutic messages. The trained groups of counselor educators and graduate students in counseling, for example, should show more similarity in their pattern of rating than the untrained or naive groups of undergraduate and high school students. The mean rating scores contrasting high and low level counselor responses on the typescript and videotaped

sets are shown in Table 1. As can be seen from Table 1, all four groups successfully discriminate (p's $< .01$) between high and low therapeutic messages as defined by the guidelines governing effective and ineffective therapeutic responses as enumerated regardless of the media in which these messages are presented.

In order to compare the perception scores across the groups, analysis of variance was performed on the mean rating scores, and the results are presented in Table 2. Scheffe's post hoc comparisons (Myers, 1966) were performed on the summed score on reflection of feeling and paraphrasing, and the results are reported in Table 3. From inspection of Tables 2 and 3, it is clear that there are significant differences (p's $< .01$) among the four groups in their mean rating scores on both typescript and videotaped forms. In each case both faculty and graduate students show greater similarity in their ratings than do undergraduate and high school groups combined (see Table 3). The trained groups, in contrast to the untrained or naive groups, yield a greater range of discrimination by giving more negative ratings for low level and more positive ratings for high level of counselor responses, while the untrained groups show the opposite trend (see Table 1). When the ratings on both high and low counselor responses are pooled, therefore, the group differences tend to be attenuated.

DISCRIMINATION BETWEEN EFFECTIVE VS INEFFECTIVE NONVERBAL BEHAVIORS

In order to examine whether the two videotaped sets which contain

TABLE 1

MEAN RATINGS OF THE FOUR GROUPS ON TYPEWRITTEN AND VIDEOTAPED SEGMENTS

		Reflection of Feeling					Paraphrasing					Total				
		High		Low			High		Low			High		Low		
	n	Mean	S.D.	Mean	S.D.	t	Mean	S.D.	Mean	S.D.	t	Mean	S.D.	Mean	S.D.	t
Typescript																
Faculty	15	64.93	6.64	21.47	6.96	14.95**	62.40	11.42	19.40	6.41	11.82**	127.33	17.24	40.87	11.49	14.27**
Graduate	35	60.89	7.49	25.51	7.02	22.67**	61.03	6.57	22.31	5.24	31.91**	122.14	12.10	47.83	10.57	31.02**
Under Graduate	38	54.16	9.63	33.08	9.31	11.95**	54.21	10.80	33.24	6.89	10.45**	108.37	18.22	66.32	13.22	12.77**
High School	43	52.09	7.79	41.95	7.59	6.57**	50.65	8.17	40.98	7.30	6.61**	102.98	14.53	82.93	13.12	7.60**
Videotaped Set 1																
Faculty	8	55.50	12.16	35.50	7.79	5.54**	57.00	6.67	23.13	8.64	14.86**	112.50	17.27	58.63	12.12	12.55**
Graduate	22	55.50	8.35	29.00	8.37	17.23**	54.73	7.53	22.18	7.08	21.00**	110.23	14.07	51.18	13.69	24.06**
Under Graduate	20	54.00	11.23	36.10	10.36	7.83**	51.45	12.38	38.05	10.32	5.37**	105.45	22.99	74.15	19.69	7.26**
High School	43	49.02	10.64	43.42	9.91	3.72**	51.77	8.78	38.86	8.98	8.30**	100.56	16.76	82.28	16.25	6.85**
Videotaped Set 2																
Faculty	8	31.75	6.57	21.38	6.36	6.92**	47.38	8.72	19.75	5.36	6.38**	79.13	11.87	41.13	10.73	7.69**
Graduate	22	37.55	11.59	22.77	6.55	7.24**	46.64	7.46	18.46	5.57	17.42**	84.18	17.35	41.23	10.45	12.76**
Under Graduate	20	42.30	12.52	31.50	10.55	4.53**	43.60	11.79	31.30	9.39	5.16**	85.90	23.15	62.80	18.71	5.52**
High School	43	43.09	9.51	38.56	7.97	2.90*	48.02	8.74	36.67	8.32	7.38**	91.12	16.57	75.23	13.59	5.74**

** $p < .001$

* $p < .01$

TABLE 2

ANALYSIS OF VARIANCE ON THE MSDS SCORES FOR FOUR GROUPS

Media		MS	F
	Reflection of Feeling		
	Low	2462.33	38.03**
Typescript	High	927.85	13.45**
	Paraphrasing		
	Low	3039.69	68.10**
	High	948.69	11.18**
	Reflection of Feeling		
	Low	1053.67	11.17**
	High	275.17	2.42
Video Set 1	Paraphrasing		
	Low	1775.94	21.67**
	High	101.65	1.13
	Reflection of Feeling		
	Low	1542.63	22.05**
	High	385.58	3.32*
Video Set 2	Paraphrasing		
	Low	1905.56	29.98**
	High	90.40	1.02

Note. df's: typescript = 3/127; set 1 = 3/89; set 2 = 3/89

*$p < .05$

** $p < .001$

TABLE 3.

PROBABILITY MATRICIES OF SCHEFFE'S MULTIPLE COMPARISON OF MEANS

(REFLECTION OF FEELING AND PARAPHRASING COMBINED)

COMPARING AMONG FOUR GROUPS

		Low Level Responses			High Level Responses		
		Typescript					
Group	n	G	U	H	G	U	H
Faculty (F)	15	.3597	.0000	.0000	.7655	.0019	.0000
Graduate (G)	35		.0000	.0000		.0039	.0000
Undergraduate (U)	38			.0000			.4996
High School (H)	43						
		Set 1					
Faculty (F)	8	.7568	.1783	.0049	.9928	.8349	.4102
Graduate (G)	22		.0004	.0000		.8673	.2562
Undergraduate (U)	20			.3549			.8039
High School (H)	43						
		Set 2					
Faculty (F)	8	1.000	.0065	.0000	.9313	.8561	.4198
Graduate (G)	22		.0001	.0000		.9928	.5630
Undergraduate (U)	20			.0205			.7791
High School (H)	43						

presumably effective and ineffective nonverbal behaviors are indeed perceived differently by trained and untrained groups, 4 X 2 (Groups X Sets) repeated measure analysis of variance was performed on combined total reflection of feeling and paraphrasing scores for Sets 1 and 2. As can be seen from Table 4, there are significant main effects of Set ($F = 62.08$, $df = 1/89$, $p < .001$) as well as Group ($F = 6.50$, $df = 3/89$, $p < .001$). Group X Set interaction is not significant ($F = 2.78$, $df = 3/89$, $p > .05$). Subsequent post hoc comparisons of the data showed that all four groups gave consistently higher ($p's < .01$) ratings on Set 1 than on Set 2, indicating that the four nonverbal components included in the videotaped sets are indeed powerful behavioral cues in determining the perception of these messages. The difference score between Sets 1 and 2, which may be considered an index reflecting the rater's sensitivity to nonverbal cues, was significantly greater ($p =< .05$) for the trained than the untrained groups combined.

TABLE 4

ANALYSIS OF VARIANCE ON THE TOTAL RATING SCORES ON SETS 1 AND 2

SOURCE	df	MS	F
Group (A)	3	7367.70	6.50**
Ss within Group	89	1132.83	
Sets (B)	1	36981.41	62.08**
A x B	3	1653.60	2.78
B x Ss within Group	89	595.73	

** $p < .001$

Interestingly, however, group differences between trained and untrained groups in the videotaped Set 1 were not as salient as those in the typescript (see Tables 2 and 3). Only on low level of the counselor verbal responses were significant group differences found (p's $<.01$); on high level counselor verbal responses, group differences showed a trend similar to that found in the typewritten form, but they failed to reach significant levels (p's $>.05$).

INTERACTION OF NONVERBAL BEHAVIORS WITH VERBAL RESPONSE CATEGORIES

Comparing the differential role of nonverbal cues on reflection of feeling and paraphrasing would be worthwhile for the following reason. Within the microcounseling paradigm, the counselor in paraphrasing feeds back the essence of the client message by focusing on the objective verbal content rather than on the underlying feelings or emotions. It may therefore, be reasonable to assume that concommitant nonverbal cues in paraphrasing are not as critical as in the case of reflection of feeling in which the underlying feelings are the main focus of interaction. The mean difference scores between Sets 1 and 2, then, should be greater for reflection of feeling than for paraphrasing. In order to examine this, mean difference scores for Set 1 minus Set 2 were computed for trained and untrained groups for reflection of feeling and paraphrasing. A 2 X 2 (Groups X Response Categories) repeated measure analysis of variance was performed to determine significant differences among groups and between response categories (see Table 5). As can be seen from Table 5, the main effect of Response Category ($F = 33.76$, $df = 1/91$, $p < .001$) as well as

Group X Response Category interaction (F = 17.94, df = 1/91, $p < .001$) is significant. Again, Scheffe's post hoc comparisons showed that Sets 1 minus 2 difference scores for reflection of feeling were significantly greater ($p < .05$) than those of the paraphrasing category.

TABLE 5

ANALYSIS OF VARIANCE ON SET 1 MINUS SET 2 DISCREPANCY SCORES USING TWO COMBINED GROUPS, TRAINED AND UNTRAINED

SOURCE	df	MS	F
Group (A)	1	2051.24	3.57
Ss within group	91	574.71	
Response Category (B)	1	3226.21	33.76**
A X B	1	1736.15	17.94**
B X Ss within group	91	96.75	

** $p < .001$

CORRELATIONS OF THE MSDS WITH OTHER MEASURES OF THERAPEUTIC DISCRIMINATION

In order to assess the concurrent validity of the MSDS, a discrimination score was obtained by taking the sum of the absolute values of the deviations between the rater's (N = 85) and mean score of the faculty members' (N = 8) ratings. Pearson product-moment correlation coefficients were then computed between the MSDS discrimination and the Carkhuff's

Discrimination Rating Scale and the Saltmarsh's Affective Recognition Scale (see Table 6). The correlations between typescript (N = 116), Set 1 (N = 85), and Set 2 (N = 85) of the MSDS and the Carkhuff's scale were .60, .50, and .61, respectively. Comparable r's with Saltmarsh's scale were .70, .50, and .51, respectively. The results indicate a substantial degree of concurrent validity as a measure of therapeutic discrimination.

TABLE 6

PEARSON PRODUCT MOMENT CORRELATIONS FOR THE MSDS, CARKHUFF DISCRIMINATION RATING SCALE, AND SALTMARSH AFFECTIVE RECOGNITION SCALE

MSDS	n	CARKHUFF	SALTMARSH
Typescript	116	.60*	.70*
Set 1	85	.50*	.50*
Set 2	85	.61*	.51*

* $p < .01$

In order to examine the consistency of discrimination, Pearson product-moment correlations were computed between discrimination scores in the typewritten and videotaped forms. The results showed moderate correlations between the two forms (Typescript and Set 1 = .75; Typescript and Set 2 = .59), indicating that discriminating ability as operationalized in the above manner is fairly consistent whether the stimulus segments are presented in typewritten or audio-visual form.

SEX DIFFERENCE IN THERAPEUTIC DISCRIMINATION

In order to examine the sex variable, 2 X 3 (Sex X Media) repeated measure analysis of variance was performed on discrimination scores of 85 raters who responded to both typewritten and videotaped forms of the MSDS. As can be seen from Table 7, the main effects of Sex ($F < 1$, $df = 1/83$, $p > .05$) and Media ($F = 3.05$, $df = 2/83$, $p > .05$) are not significant. However, Sex X Media interaction is significant ($F = 3.33$, $df = 2/83$, $p < .05$). Inspection of cell mean discrimination scores revealed that males were least accurate in the typescript form, while females were least accurate in video segments Set 2.

TABLE 7

ANALYSIS OF VARIANCE ON MEAN DISCRIMINATION SCORES OF MALES AND FEMALES ON TYPESCRIPT AND SETS 1 AND 2

SOURCE	df	MS	F
Sex (males, females)	1	16.38	<1
Ss within	83	714.63	
Media (typescript, sets 1, 2)	2	424.36	3.05
Sex X Media	2	463.57	3.33*
Media X Ss within	166	139.14	

* $p < .05$

CORRELATION BETWEEN DISCRIMINATION IN THE MSDS AND REINFORCEMENT HISTORY

Is a person's self-reported history of reinforcements related to his

ability to discriminate therapeutic messages? Lee and Nevison (1973) suggested that sensitivity to therapeutic conditions may be influenced by a person's history of social reinforcements. In order to examine this supposition as it may relate to the MSDS, Crandall's Perception of Parent Questionnaire, which was administered to the high school sample (N = 43), was correlated with discrimination scores on the MSDS. As can be seen from Table 8, no significant relationships were found, nor was any trend indicated between perceived parental reinforcement history and any of the forms of the MSDS.

TABLE 8

PEARSON PRODUCT MOMENT CORRELATIONS FOR THE MSDS, PARENT PERCEPTION QUESTIONNAIRE, AND ACHIEVEMENT

MSDS	n	PARENT PERCEPTION QUESTIONNAIRE			ACHIEVEMENT
		Mother	Father	Total	
Typescript	43	-.05	-.01	-.03	.22
Set 1	43	.07	-.14	-.12	.23
Set 2	43	-.06	.10	-.13	.15

CORRELATION BETWEEN DISCRIMINATION IN THE MSDS AND ACADEMIC ACHIEVEMENT

Pearson product-moment correlation coefficients were obtained between weighted semester averages and the typewritten and videotaped forms of the MSDS for the 43 grade 11 students. As can be seen from Table 8, none of

the *r*'s were found to be statistically significant (*p*'s $>$ .05). Additionally, Pearson product-moment correlations between academic achievement and the Carkhuff's Discrimination Rating Scale and Saltmarsh's Affective Recognition Scale for the same group yielded similarly nonsignificant *r*'s.

CHAPTER V

DISCUSSION

DISCUSSION

One of the controversial issues in counseling literature is whether clients can perceive counselor offered therapeutic conditions (e.g. Bernstein and Carkhuff, 1968; Caracena and Vicory, 1969; Hansen, Moore, and Carkhuff, 1968; Horenstein, Houston, and Holmes, 1973; McWhirter, 1973; Normington, 1969). The data suggest that, as far as 'normal' third-person observers are concerned, the question is not whether they accurately perceive or not, but whether they yield a greater range of discrimination than experts or not. It should be mentioned, however, that the findings of this study do not support those of Caracena and Vicory (1969) and McWhirter (1973), who reported no significant correlation between experts and clients determined level of therapeutic conditions. There are a number of possible explanations for these discrepant findings. One of the reasons may be due to the difference in rater involvement. Frequently, raters in previous studies (e.g., McWhirter, 1973) were coached clients, whereas the raters in the present study were third-person observers. Possibly, the clients' involvement as coached clients influenced their perception of the therapeutic relationship. Another reason for the discrepant findings may grow out of the possibility that the measuring instruments used in previous studies -- Truax's (1961) or Barrett-Lennard's (1962) scale -- contain sufficient ambiguity to allow for differential interpretation of the variable intended to be measured. The rating instructions in the present study, on the other hand, elicited one specific skill at a time, making a narrower interpretation of the variable being rated possible.

Examining the pattern of discrimination by groups over the typewritten

and videotaped forms of the MSDS, it is worth noting that the maximum range of discrimination for all groups occurred in the typescript. Further, most of the significant group differences in rating did occur within the typewritten form. Why raters, irrespective of level of sophistication, should consistently show greater range of discrimination when rating a typescript than a videotape presentation is not clear, though a number of speculations may be suggested. First, there is some evidence (e.g. Strong, Bratton, and Loper, 1971) to indicate that raters have a positive and generous sterotype of counselors. Given such a favorable rater response set, a typescript presentation may challenge such a response set less than a videotape presentation, leaving the rater at more liberty to be generous. Possibly, also, the more complex task of discriminating both audio and visual components within a time limit may reduce the range of discriminations which even trained groups feel confident in employing. Since untrained groups employ a more constricted range of responses in their rating than trained groups under typescript conditions, the narrowing of range of response among trained groups would cause the groups to rate more similarly. In this regard, English and Jelenevsky (1971) found that input in more than one channel tends to reduce rater reliability because of overload of stimuli with resulting lack of self-confidence among raters. A third reason may lie in the video presentation itself. Since the two videotaped sets presumably differed from each other with respect to only four nonverbal components (i.e., eye-contact, body-trunk-lean, facial expression, distance) it may be speculated that trained raters considered the nonverbal cues insufficient and, as a result, did not discriminate over as broad a range as they did on the typewritten form. As a result of such a possible suppression in the ratings of trained groups,

especially on the high level counselor responses, differences among the four groups may have been attenuated as compared to those found in the typescript. It may be speculated that if additional nonverbal cues such as head nodding, smiling, or other gestures were added to augment counselor credibility under effective nonverbal conditions, a pattern of group differences similar to that found in typescript could have been obtained. This latter explanation may account, not only for the greater range of discrimination for all groups in typescript than in the video presentation, but also for the general lack of significant differences between groups under conditions of effective counselor response.

The fortuitous choice of reflection of feeling and paraphrasing as the counselor response modes for the study resulted in the observation that nonverbal cues contribute significantly more to the quality of reflection of feeling than to paraphrasing. Apparently, some counselor response modes are more sensitive than others to the nonverbal components of communication. In keeping with Gladstein's (1970) conclusions, the present findings suggest that reflection of feeling may be emphasized in a thereapeutic relationship concerned with remediating emotional deficits; whereas paraphrasing may be more appropriate when dealing with developmental, factual concerns where strong interpersonal dependencies may not be desired by the client -- and may, in fact, detract from a search for objective data which the client is able to synthesize for himself.

The consistent lack of significant relationship found between the MSDS and the possible correlates of sex, reinforcement history, and academic achievement indicates the need for further investigation of the

factors contributing to the development of ability to make therapeutic discriminations and, by extension, to develop interpersonal sensitivity. The present study suggests no possible correlates, nor can the investigator advance a speculation. The problem is, nevertheless, one which, if resolved, may provide valuable information for the designing of developmental and preventive counseling programs.

Both the typescript and video presentations of the MSDS were shown to be capable of yielding positive results for the major areas under investigation -- that is, the usefulness of the MSDS for measuring raters' ability to discriminate between effective and ineffective verbal as well as nonverbal therapeutic messages was confirmed. Further investigation is required to determine why group differences were more pronounced for typescript than for video presentation.

The most interesting finding of the study, in terms of its implications for further investigation, was the interactive nature of the nonverbal component under conditions of reflecting feeling and paraphrasing. The role of therapeutic nonverbal behaviors in the counseling dyad have been explored only with reference to the communication of empathy (Haase and Tepper, 1972). Their role in other therapeutic modes such as confrontation and interpretation is yet to be investigated. The present study would suggest that what is appropriate nonverbal behavior for one mode of counselor functioning may be quite inappropriate for another.

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APPENDICES

APPENDIX A

THE MSDS IN TYPEWRITTEN FORM

INCLUDING INSTRUCTIONS FOR ADMINISTRATION

Rater's Name: _____

DIRECTIONS

In the next few pages, you will read a number of short interview segments in which one person is trying to help another through effective listening. We would like to know your judgement of the helper's statement in each segment.

Please read each segment carefully and make your own judgement as to the level of the helper's skill in reflection of feeling. Reflection of feeling refers to the helper's ability to attend to the helpee's current feelings and emotions. In other words, it refers to the helper's sensitivity to the feelings and emotions plus effective communication of this awareness to the helpee. We can talk about several levels of reflection of feeling. For example:

Low Level: The helper does not attend to the helpee's feelings and emotions. The helper seems completely unaware of even the most conspicuous of the helpee's feelings and emotions. Responses are totally inappropriate to the mood of the helpee.

High Level: The helper seems completely aware of and accurately attends to the helpee's full range of feelings and emotions. The helper attends to the helpee's deeper as well as surface feelings.

Of course, you may think of several levels in between the highest and the lowest levels. For your rating, however, we have provided 7-point rating scales. Please indicate, by placing a check-mark (✓) on the scale, your judgement of the helpee's reflection of feeling skills.

:_____:_____:_____:_____:_____:_____:_____:
Low Average High

IMPORTANT TO REMEMBER:

1. There are no "right" or "wrong" answers. We are interested in the way in which you interpret the helper's message.
2. Do not spend too much time in making your judgement.
3. Make your judgement independently. That is, do not make judgements by comparing other statements on the page.

REFLECTION OF FEELING

1. Helpee: "I just get so mad at my supervisor....he's just a bunch of old sour grapes. Everytime I come up with a creative idea, he knocks me down."

   Helper B:"Your supervisor is sometimes hard to work with....and, perhaps, it could also be true that you get angry at a lot of people, especially people in authority."

   :_____:_____:_____:_____:_____:_____:_____:
   Low High

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2. Helpee: (In angry tone) "We can't watch T.V. She took a tube out so we couldn't watch it. When she wants to watch, she puts the tube back and makes sure we are all in bed before she watches it."

   Helper A:"You like T.V., especially the programs you miss."

   :_____:_____:_____:_____:_____:_____:_____:
   Low High

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3. Helpee: "It bothers me a lot. I don't think Cathy really loves me. I just don't think I'm important to her. She never tries to really understand how I feel about anything."

   Helper A:"Cathy really bugs you, and you'd like to get back at her... Perhaps you feel miserable because you have resentment against her but are unable to get back at her."

   :_____:_____:_____:_____:_____:_____:_____:
   Low High

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4. Helpee: "Henry loves me very much I think. You see the problem between us is really quite simple. I don't love him. I only married him because I was supposed to marry. All my friends were getting married. I never felt any attraction that is I never found him attractive to me. Thank God, we never had kids."

Helper B:"In some ways, you feel fond of and care for Henry. I suppose marital love is much more complicated than it appears to be. What I mean is that it could change. . . it's kind of a dynamic thing."

:_____ :_____ :_____ :_____ :_____ :_____ :_____ :

Low High

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5. Helpee: "I just can't wait to get out of school ... I'm so excited I just want to get out and get started on my career. I know I'm going places!"

Helper B:"School is a real drag. You're bored and inefficient here. For many people, it may be painful to accept this, but I guess this is true."

:_____ :_____ :_____ :_____ :_____ :_____ :_____ :

Low High

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6. Helpee: "Most of my problems started when I was at home because of my step-father. He doesn't like us kids because he thinks we are higher class than he is. All he does is drink and drive around. He likes to kick us and beat us, and when we ask him for help, he turns his nose up. He doesn't want to talk to us... We don't have anybody to talk to ... like a real father around the house."

Helper A:"You really care deeply for your step-father, even though you wouldn't say this. Perhaps you might have a deep sympathy for him."

:_____ :_____ :_____ :_____ :_____ :_____ :_____

Low High

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7. Helpee: "I think I'm going to have to drop out of school. I can't go on any more. It's been bad since my mother died last spring. There's just no need to continue having to put out the money any more."

Helper A:"You feel school is a pretty dull place. This may be true for many people."

:_____:_____:_____:_____:_____:_____:_____:
Low High

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8. Helpee: "I really don't know what's wrong with me recently. I can't seem to concentrate on my courses or anything... and it's getting worse and worse. I'm falling further behind and I just can't get caught up. And then I seem to fly off the handle. Why, just last weekend while I was home, my sister and I had a real battle. I don't know what my trouble is."

Helper B:"You feel you can do the work if only you'd try harder... Perhaps you know you shouldn't be a 'loser' in this world of competetion, but the fact that your grades are going down makes you more nervous."

:_____:_____:_____:_____:_____:_____:_____:
Low High

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9. Helpee: "Well, Mrs. Smith sent me over here from the School of Music and she said that I do not have the musical ability to keep on in the Music School. And she wants to know exactly what I am suited for, but I know I'm (pause) I know I still love music. But anyway she wants to be satisfied."

Helper B:"You'd like to satisfy Mrs. Smith that music is a good field for you. Perhaps she thinks Music is not for everybody."

:_____:_____:_____:_____:_____:_____:_____:
Low High

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10. Helpee: "Well, you see, my parents met at King's College, and they've always had it in mind that I should go there. But...but I would rather..."

Helper A:"You know that King's College is a good school, but you don't want to be pushed away by your parents."

:_____:_____:_____:_____:_____:_____:_____:
Low High

11. Helpee: "There's something about this town. It's an awfully cold town. Northerners are so blasted...uh!...indifferent. Or I don't know, they're certainly not very warm or easy to know. I've been here since last summer, and I swear I don't know anybody at all."

Helper B: "Northerners are really hostile to you, and they make you plenty angry. You seem to be raising a lot of questions about their customs and general ways of living."

:_____:_____:_____:_____:_____:_____:_____:
Low High

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12. Helpee: "I try to be nice to her. As I say, we have been room-mates for six months and we will be room-mates for another two months, but....but as I say, she's awfully inconsiderate....I just think a lot of what she does is on purpose, too...just to see what I'll do about it. I'm getting too upset."

Helper B: "I hear you saying, Carol, you try awfully hard to get along, but nothing happens. You're really upset and troubled about it."

:_____:_____:_____:_____:_____:_____:_____:
Low High

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13. Helpee: "I thought maybe I could iron some of the wrinkles out. I'm always worrying about some thing--not big things, just little things. I can't get over the feeling that people are watching me. The way I worry about personal things and other things. When I see an ad in the paper I worry about the things discussed in it although I know they aren't true."

Helper A: "I get several feelings from you, Dick. One is that you worry a good deal about unnecessary things, at the same time, the other is that you're concerned more about what you see as unnecessary worries."

:_____:_____:_____:_____:_____:_____:_____:
Low High

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14. Helpee: "Well (sigh) I don't know. I'm sort of mixed up right now. I Have been pre-med. And, well, I'm a senior now, but I have next year also. I've 19 hours to take, still, and I'm not sure now whether I want to become a doctor or not. I haven't been refused yet and I haven't been accepted either. And, well, I'm not sure in my own mind whether medicine would be the best thing for me."

Helper A:"I hear you saying, Dick, you're pretty confused about medicine as a future. A lot is going on right now."

:_____:_____:_____:_____:_____:_____:_____:
Low High

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15. Helpee: "I tried to be nice to my step-father even if he does hate me. I try to be nice to him. It doesn't sink through his head. Like last night, I had a buddy over the house. He didn't like my buddy. He was just hanging around watching T.V., so he told me to go outside. He didn't want me to go back in."

Helper A:"You're terribly upset, confused, and disappointed. You wonder whether you're an <u>important</u> person to him."

:_____:_____:_____:_____:_____:_____:_____:
Low High

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16. Helpee: "I really like this guy an awful lot and I've dated five times. But...well...the trouble is, he is Black. If my parents ever found out, it's be like a bomb explosion. They would pull me immediately out of school too."

Helper B:"Carol, you're wondering which way you should go. It seems to be a choice between your boyfriend and your parents."

:_____:_____:_____:_____:_____:_____:_____:
Low High

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17. Helpee: "So I did finally go to the doctor. And he said yes, I do need to have an operation. A major one, and right away. But I just can't! Since Jim and I are both in school now, there just isn't any money. And the baby is just five months. I'm awfully afraid, too."

Helper A:"You feel helpless, and scared, and you're at a loss what to do. At this moment, you feel there isn't any way out."

:_____:_____:_____:_____:_____:_____:_____:
Low High

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18. Helpee: "Well, (clears throat) I don't know how exactly to get started, but... and my particular problem would be with my mother, and I...well...I'd like to be able to do something about it before I go home. I don't know how I can explain it, so maybe if you can...I could start (pause)...I don't know where to start. I mean..."

Helper A:"A lot of things are going on right now. It's very difficult to get it out."

:_____:_____:_____:_____:_____:_____:_____:
Low High

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19. Helpee: "Well, I guess I need to be here. I don't know who else I could talk to about this. I feel awful and I don't care if I die. My parents can't know, and I hope I never see Don again--ever! He was my boy-friend for two years, but I just don't care about it."

Helper B:"Carol, I sense you're terribly upset, depressed, and angry at Don. Many things are boiling up inside you right now."

:_____:_____:_____:_____:_____:_____:_____:
Low High

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20. Helpee: "(shouting and pointing a finger toward the helper) You use me just like all of the rest. You're just like the rest--you want something from me. That's all...I know what I'll do. I'll fail you. I'll lead you astray. You'll think I'm improving but I'll fail. I'll be your failure case. You'll be responsible."

Helper A:"I sense you question the whole experience and all of my motives. Right now you're angry at me."

:_____:_____:_____:_____:_____:_____:_____:
Low High

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21. Helpee: "I know that the chances for the poor are very slim, and I want to get into something that will be a benefit to me and a credit to my own people. I'm not much of a classroom boy, and I want to know what...what steps to take to prepare myself. My father is a minister, and I've been in the ministry for quite a few years....If I can't be a good minister I don't want to be one at all. And yet I don't want to spend my life under the foot of somebody."

Helper A:"You feel that you should plan for the future that really gives you a lot of satisfaction and sense of contribution."

:_____:_____:_____:_____:_____:_____:_____:
Low High

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22. Helpee: "So, like I said, he did go a little too far. I don't think he's basically a bad person. My mother always used to say that men would go as far as you'd let them and I realize it was partly my fault too. If I had been surer of myself and told him to stop, he would have stopped. I don't understand why I didn't stop him."

Helper A:"Carol, you feel right now you're responsible, and you regret about what happened. You're bewildered, curious, and somewhat confused too."

:_____:_____:_____:_____:_____:_____:_____:
Low High

Rater's Name: _____

DIRECTIONS

In the next few pages, you will read a number of short interview segments in which one person is trying to help another through effective listening. We would like to know your judgement of the helper's statement in each segment.

Please read each segment carefully and make your own judgement as to the level of the helper's skill in paraphrasing. Paraphrasing skill refers to the helper's ability to feed back to the helpee the essence of what the helpee has just said. It refers to the degree the helper clearly understands the essence of what the helpee has just said; it is not simple repetition of the words uttered by the helpee. We can talk about several levels of paraphrasing skills. For example:

Ineffective level: The helper totally misunderstands or distorts the essence of what is being said by the helpee. The helper completely fails to understand key aspects of what the helpee has said about the problem.

Effective level: The helper accurately and clearly understands the essence of what is being said by the helpee. The helper accurately attends to key points of what the helpee has said about the problem.

Of course, you may think of several intermediate levels between the highest and the lowest levels. For your rating, however, we have provided 7-point rating scales. Please indicate, by placing a check-makr (✓) on the scale, your judgement of the helper's paraphrasing skill.

:_____:_____:_____:_____:_____:_____:_____:
Ineffective Average Effective

IMPORTANT TO REMEMBER:

1. There are no "right" or "wrong" answers. We are interested in the way in which you interpret the helper's message.
2. Do not spend too much time in making your judgement.
3. Make your judgement independently. That is, do not make judgements by comparing other statements on the page.

PARAPHRASING SKILL RATING

1. Helpee: "Well, you see, my parents met at King's College, and they've always had it in mind that I should go there. But...but I would rather....."

Helper B: "Choosing a college is a decision for all students...You know all parents have some nostalgic feelings toward the schools that they attended a long time ago. It's nothing unusual."

:_____:_____:_____:_____:_____:_____:_____:
Ineffective Effective

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2. Helpee: "There's something about this town. It's an awfully cold town. Northerners are so blasted...uh!...indifferent. Or I don't know, they're certainly not very warm or easy to know. I've been here since last summer, and I swear I don't know anybody at all."

Helper A: "This Northern town has been here a long time...It is quite true that some people like this town and others don't. I would say it all depends upon individual tastes and preferences."

:_____:_____:_____:_____:_____:_____:_____:
Ineffective Effective

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3. Helpee: "I try to be nice to her. As I say, we have been roommates for six months and we will be room-mates for another two months, but...but as I say, she's awfully inconsiderate....I just think a lot of what she does is on purpose, too...just to see what I'll do about it. I'm getting to upset."

Helper B: "Living with a roommate is often a source of conflict. You know...when two persons with different personalities become roommates, six months may not be long enough to get to know and understand each other."

:_____:_____:_____:_____:_____:_____:_____:
Ineffective Effective

4. Helpee: "I really like this guy an awful lot and I've dated five times. But...well... the trouble is, he is Black. If my parents ever found out, it's like, like a bomb explosion. They would pull me immediately out of school too.

Helper A: "Parents have much to say in choosing a boy-friend....Perhaps this must be a shocking story even to your friends."

:_____:_____:_____:_____:_____:_____:_____:
Ineffective Effective

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5. Helpee: "So I did finally go to the doctor. And he said yes, I do have an operation. A major one, and right away. But I just <u>can't</u>! Since Jim and I are both in school now, there just isn't any money. And the baby is just five months. I'm awfully afraid, too."

Helper A: "Who will take care of the baby is an important issue here. Especially when your baby is only five months old, it could be very difficult to leave her home and go to hospital."

:_____:_____:_____:_____:_____:_____:_____:
Ineffective Effective

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6. Helpee: "Well, (clears throat) I don't know how exactly to get started, but...and my particular problem would be with my mother, and I....well....I'd like to be able to do something about it before I go home. I don't know how I can explain it, so maybe if you can....I could start (pause)....I don't know where to start. I mean...."

Helper B: "So you have 'interpersonal difficulties' with your mother....or 'generation conflict'...maybe..."

:_____:_____:_____:_____:_____:_____:_____:
Ineffective Effective

7. Helpee: "I just got so mad at my supervisor...he's just a bunch of old sour grapes. Everytime I come up with a creative idea, he knocks me down."

Helper B: "Oh, creative idea. It's very important for job performance."

:_____:_____:_____:_____:_____:_____:_____:
Ineffective Effective

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8. Helpee: (In angry tone) "We can't watch T.V. She took a tube out so we couldn't watch it. When she wants to watch, she puts the tube back and makes sure we are all in bed before she watches it."

Helper B: "Watching T.V. with the tube gone does present a problem. Perhaps she had a lot of trouble with the tube in the past."

:_____:_____:_____:_____:_____:_____:_____:
Ineffective Effective

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9. Helpee: "It bothers me a lot. I don't think Cathy really loves me. I just don't think I'm <u>important</u> to her. She never tries to really understand how I feel about anything."

Helper B: "Understanding another person takes time and perhaps that's the issue."

:_____:_____:_____:_____:_____:_____:_____:
Ineffective Effective

10. Helpee: "I thought maybe I could iron some of the wrinkles out. I'm always worrying about some things--not big things, just little things. I can't get over the feeling that people are watching me. The way I worry about personal things and other things. When I see an ad in the paper I worry about the things discussed in it although I know they aren't true."

Helper B: "Advertisements are often in error. That's nothing unusual. As a matter of fact, a lot of people worry about the fact that there are too many advertisements in the paper...We are bombarded by these advertisements."

:_____:_____:_____:_____:_____:_____:_____:
Ineffective Effective

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11. Helpee: "Well, (sigh) I don't know, I'm sort of mixed up right now. I have been pre-med. And, well, I'm a senior now, but I have next year also. I've 19 hours to take, still, and I'm not sure now whether I want to become a doctor or not. I haven't been refused yet and I haven't been accepted either. And, well, I'm not sure in my own mind whether medicine would be the best thing for me."

Helper A: "Medicine is an important field to enter. Here you can help people.... However, though, pre-med curriculum may be too dry and tedious even for serious students who want to be doctors."

:_____:_____:_____:_____:_____:_____:_____:
Ineffective Effective

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12. Helpee: "I tried to be nice to my step-father even if he does hate me. I try to be nice to him. It doesn't sink through his head. Like last night, I had a buddy over the house. He didn't like my buddy. He was just hanging around watching TV, so he told me to go outside. He didn't want me to go back in."

Helper B: "Nothing, you do, works. He seems to be the same, no matter what you do."

:_____:_____:_____:_____:_____:_____:_____:
Ineffective Effective

13. Helpee: "I think I'm going to have to drop out of school. I can't go on any more. It's been bad since my mother died last spring. There's just no need to continue having to put out the money any more."

Helper B: "Since your mother's death, school doesn't make sense to you."

:_____:_____:_____:_____:_____:_____:_____:
Ineffective Effective

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14. Helpee: "I really don't know what's wrong with me recently. I can't seem to concentrate on my courses or anything...and it's getting worse and worse. I'm falling further and further behind and I just can't get caught up. And then I seem to fly off the handle. Why, just last weekend while I was home, my sister and I had a real battle. I don't know what my trouble is."

Helper A: "You'd want to figure out what's been going on with you lately. You seem different to yourself."

:_____:_____:_____:_____:_____:_____:_____:
Ineffective Effective

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15. Helpee: "Well, Mrs. Smith sent me over here from the School of Music and she said that I do not have the musical ability to keep on in the Music School. And she wants to know exactly what I am suited for, but I know I'm (pause) I know I still love music. But anyway she wants to be satisfied."

Helper B: "I hear you saying, Carol, your choice is to stay in music. A teacher has questioned your ability, and you're here because of her."

:_____:_____:_____:_____:_____:_____:_____:
Ineffective Effective

16. Helpee: "Well, I guess I need to be here. I don't know who else I could talk to about this. I feel awful and I don't care if I die. My parents don't know, and I hope I never see Don again--ever! He was my boy-friend for two years, but I just don't care about it."

Helper A: "I hear you saying that you have been going out with him for two years, but, recently, some things happened between the two, which got you in a nightmare mess...And yet, your relationship is not making any improvement."

:_____:_____:_____:_____:_____:_____:_____:
Ineffective Effective

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17. Helpee: "(shouting and pointing a finger toward the helper) You use me just like all of the rest. You're just like the rest--you want something from me. That's all...I know what I'll do. I'll fail you. I'll lead you astray. You'll think I'm improving but I'll fail. I'll be your failure case. You'll be responsible."

Helper A: "You expected me to be something different, but you learned that I am one of the rest too. Failure on my part could be a reward for you."

:_____:_____:_____:_____:_____:_____:_____:
Ineffective Effective

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18. Helpee: "I know that the chances for the poor are very slim, and I want to get into something that will be a benefit to me and a credit to my own people. I'm not much of a classroom boy, and I want to know what...what steps to take to prepare myself. My father is a minister, and I've been in the ministry for quite a few years....If I can't be a good minister I don't want to be one at all. And yet I don't want to spend my life under foot of somebody."

Helper B: "I hear you saying you would like to get into something that will give a lot of personal satisfaction as well as sense of contribution to the society. No single area strikes you at the moment."

:_____:_____:_____:_____:_____:_____:_____:
Ineffective Effective

Poor Copy

19. Helpee: "Henry loves me very much I think. You see the problem between us is really quite simple. I don't love him. I only married him because I was supposed to marry. All my friends were getting married. I never felt any attraction that is I never found him attractive to me. Thank God, we never had kids."

Helper A: "Marriage for you was a duty, something to be done because most people do. I sense you're about to make a decision."

:_____:_____:_____:_____:_____:_____:_____:
Ineffective Effective

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20. Helpee: "I just can't wait to get out of school... I'm so excited I just want to get out and get started on my career. I know I'm going places!"

Helper A: "As I experience you, Dick, you see yourself as ready to get out and get started. You know you're heading for the top."

:_____:_____:_____:_____:_____:_____:_____:
Ineffective Effective

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21. Helpee: "Most of my problems started when I was at home because of my step-father. He doesn't like us kids because he thinks we are higher class than he is. All he does is drink and drive around. He likes to kick us and beat us, and when we ask him for help, he turns his nose up. He doesn't want to talk to us...We don't have anybody to talk to....like a real father around the house."

Helper A: "Your step-father wasn't there to talk to. I sense you want someone to listen to your problem, Dick."

:_____:_____:_____:_____:_____:_____:_____:
Ineffective Effective

poor copy

22. Helper: "So, like I said, he did go a little too far. I don't think he's basically a bad person. My mother always used to say that men would go as far as you'd let them and I realize it was partly my fault too. If I had been surer of myself and told him to stop, he would have stopped. I don't understand why I didn't stop him."

Helper B: "I hear you saying you helped to create the situation for the excessive lovemaking, but you still can't understand why you didn't do more to change it."

:_____:_____:_____:_____:_____:_____:_____:
Ineffective Effective

poor copy

APPENDIX B

INSTRUCTIONS AND RATING SHEET FOR ADMINISTRATION OF THE MSDS IN VIDEOTAPED FORMAT

DIRECTIONS

During the next one hour, you will see a number of short video-taped interview segments in which one person is trying to help another through effective listening. We would like to know your judgement of the helper's statement in each segment.

Please watch each segment carefully and make your own judgement as to the level of the helper's skill in reflection of feeling. Reflection of feeling refers to the helper's ability to attend to the helpee's current feelings and emotions. In other words, it refers to the helper's sensitivity to the feelings and emotions plus effective communication of this awareness to the helpee. We can talk about several levels of reflection of feeling. For example:

Low Level: The helper does not attend to the helpee's feelings and emotions. The helper seems completely unaware of even the most conspicuous of the helpee's feelings and emotions. Responses are totally inappropriate to the mood of the helpee.

High Level: The helper seems completely aware of and accurately attends to the helpee's full range of feelings and emotions. The helper attends to the helpee's deeper as well as surface feelings.

Of course, you may think of several levels in between the highest and the lowest levels. For your rating, however, we have provided 7-point rating scales. Please indicate, by placing a check-mark (✓) on the scale, your judgement of the helper's reflection of feeling skills.

:_____:_____:_____:_____:_____:_____:_____:

Low High

IMPORTANT TO REMEMBER:

1. There are no "right" or "wrong" answers. We are interested in the way in which you interprete the helper's message.
2. Do not spend too much time in making your judgement.
3. Make your judgement independently. That is, do not make judgements by comparing other segments that you have seen.

DIRECTIONS

During the next one hour, you will see a number of short video-taped interview segments in which one person is trying to help another through effective listening. We would like to know your judgement of the helper's statement in each segment.

Please watch each segment carefully and make your own judgement as to the level of the helper's skill in paraphrasing. Paraphrasing skill refers to the helper's ability to feed back to the helpee the essence of what the helpee has just said. It refers to the degree the helper clearly understands the essence of what the helpee has just said; it is not simple repetition of the words uttered by the helpee. We can talk about several levels of paraphrasing skills. For example:

Ineffective Level:	The helper totally misunderstands or distorts the essence of what is being said by the helpee. The helper completely fails to understand key aspects of what the helpee has said about the problem.
Effective Level:	The helper accurately and clearly understands the essence of what is being said by the helpee. The helper accurately attends to key points of what the helpee has said about the problem.

Of course, you may think of several intermediate levels between the most effective and the least effective levels. For your rating, however, we have provided 7-point rating scales. Please indicate, by placing a check-mark (✓) on the scale, your judgement of the helper's paraphrasing skill.

:_____:_____:_____:_____:_____:_____:_____:

Ineffective Effective

IMPORTANT TO REMEMBER:

1. There are no "right" or "wrong" answers. We are interested in the way in which you interpret the helper's message.
2. Do not spend too much time in making your judgement.
3. Make your judgement independently. That is, do not make judgements by comparing other segments that you have watched.

Paraphrasing Rating (Female Male) Full Name: Occupation: Age:

	Ineffective						Effective		Ineffective						Effective	
1.	:	:	:	:	:	:	:		23.	:	:	:	:	:	:	:	
2.	:	:	:	:	:	:	:		24.	:	:	:	:	:	:	:	
3.	:	:	:	:	:	:	:		25.	:	:	:	:	:	:	:	
4.	:	:	:	:	:	:	:		26.	:	:	:	:	:	:	:	
5.	:	:	:	:	:	:	:		27.	:	:	:	:	:	:	:	
6.	:	:	:	:	:	:	:		28.	:	:	:	:	:	:	:	
7.	:	:	:	:	:	:	:		29.	:	:	:	:	:	:	:	
8.	:	:	:	:	:	:	:		30.	:	:	:	:	:	:	:	
9.	:	:	:	:	:	:	:		31.	:	:	:	:	:	:	:	
10.	:	:	:	:	:	:	:		32.	:	:	:	:	:	:	:	
11.	:	:	:	:	:	:	:		33.	:	:	:	:	:	:	:	
12.	:	:	:	:	:	:	:		34.	:	:	:	:	:	:	:	
13.	:	:	:	:	:	:	:		35.	:	:	:	:	:	:	:	
14.	:	:	:	:	:	:	:		36.	:	:	:	:	:	:	:	
15.	:	:	:	:	:	:	:		37.	:	:	:	:	:	:	:	
16.	:	:	:	:	:	:	:		38.	:	:	:	:	:	:	:	
17.	:	:	:	:	:	:	:		39.	:	:	:	:	:	:	:	
18.	:	:	:	:	:	:	:		40.	:	:	:	:	:	:	:	
19.	:	:	:	:	:	:	:		41.	:	:	:	:	:	:	:	
20.	:	:	:	:	:	:	:		42.	:	:	:	:	:	:	:	
21.	:	:	:	:	:	:	:		43.	:	:	:	:	:	:	:	
22.	:	:	:	:	:	:	:		44.	:	:	:	:	:	:	:	
	Ineffective						Effective			Ineffective						Effective

Reflection of Feeling
Rating (Female, Male)

YOUR FULL NAME: _____ OCCUPATION: _____ AGE: _____

	Low						High	
1.	:	:	:	:	:	:	:	
2.	:	:	:	:	:	:	:	
3.	:	:	:	:	:	:	:	
4.	:	:	:	:	:	:	:	
5.	:	:	:	:	:	:	:	
6.	:	:	:	:	:	:	:	
7.	:	:	:	:	:	:	:	
8.	:	:	:	:	:	:	:	
9.	:	:	:	:	:	:	:	
10.	:	:	:	:	:	:	:	
11.	:	:	:	:	:	:	:	
12.	:	:	:	:	:	:	:	
13.	:	:	:	:	:	:	:	
14.	:	:	:	:	:	:	:	
15.	:	:	:	:	:	:	:	
16.	:	:	:	:	:	:	:	
17.	:	:	:	:	:	:	:	
18.	:	:	:	:	:	:	:	
19.	:	:	:	:	:	:	:	
20.	:	:	:	:	:	:	:	
21.	:	:	:	:	:	:	:	
22.	:	:	:	:	:	:	:	
	Low						High	

	Low						High	
23.	:	:	:	:	:	:	:	
24.	:	:	:	:	:	:	:	
25.	:	:	:	:	:	:	:	
26.	:	:	:	:	:	:	:	
27.	:	:	:	:	:	:	:	
28.	:	:	:	:	:	:	:	
29.	:	:	:	:	:	:	:	
30.	:	:	:	:	:	:	:	
31.	:	:	:	:	:	:	:	
32.	:	:	:	:	:	:	:	
33.	:	:	:	:	:	:	:	
34.	:	:	:	:	:	:	:	
35.	:	:	:	:	:	:	:	
36.	:	:	:	:	:	:	:	
37.	:	:	:	:	:	:	:	
38.	:	:	:	:	:	:	:	
39.	:	:	:	:	:	:	:	
40.	:	:	:	:	:	:	:	
41.	:	:	:	:	:	:	:	
42.	:	:	:	:	:	:	:	
43.	:	:	:	:	:	:	:	
44.	:	:	:	:	:	:	:	
	Low						High	